



Montana
Office of Public Instruction
 Denise Juneau, State Superintendent

**Verification of Administrative
 Experience for Class 3
 Administrative License with
 Superintendents Endorsement**

<p>This statement must be prepared and signed by the appropriate school official. The current appropriate administrator may sign this form based on personnel records. You may need to send this form to more than one district.</p>							
Applicant Information:							
Last Name				First Name		MI	
Address		City		State		Zip Code	
Last Four Digits of SSN				Former Name(s)			
<p>To be completed by the School District. If the employment history is too complex to enter below, please sign this form and attach additional documentation. Please return this form to the applicant at the address above.</p>							
School Officials Name:							
School District:							
School District City/State							
Was the licensure applicant above employed as a licensed and appropriately assigned principal in your school?				<input type="radio"/> Yes <input type="radio"/> No			
Employed from (month/year)				To (month/year)			
Full time		<input type="radio"/> Yes <input type="radio"/> No	Part time	<input type="radio"/> Yes <input type="radio"/> No	If Yes, FTE Equivalent? (eg .25 for ¼ time)		
Educational Area		<input type="radio"/> Elementary Principal (K-8) <input type="radio"/> Secondary Principal (5-12) <input type="radio"/> K-12 Principal					
<p>I verify that the work experience information as documented on this form is correct to the best of my knowledge.</p>							
Signature				Printed Name & Title			
Date		Email Address		Phone Number			